

# *PREVENTION PARTNERS* REGIONAL SCREENING

Prevention Partners offers *Regional Screenings* for retirees and for those that have missed a screening held at their worksite. Those subscribing to the State Health Plan, BlueChoice, Cigna, and MUSC Options will have the opportunity to participate in a *Regional Screening on Tuesday, January 15, 2008 at Roper Mountain Science Center, located at 402 Roper Mountain Road in Greenville, S.C.* Within two weeks of your screening, you will receive your personal health profile, highlighting any values outside the normal range.

**NOTE:** For information on hosting a screening for your own school or office go to [www.ejp.sc.gov](http://www.ejp.sc.gov), (click on Prevention Partners, and go to "Early Detection") and see *Worksite Screenings*.

## Worksite Screening Components

*Health risk appraisal:*

- This screening includes a complete wellness profile

*Lipid profile, including:*

- Total cholesterol.
- Low density lipoproteins (LDL). LDL is a risk factor for heart disease. It can clog arteries and prevent oxygen-rich blood from flowing to your heart.
- High density lipoproteins (HDL). HDL helps move the LDL (the "bad" cholesterol) away from your arteries and prevents buildup of fats on arterial walls.
- Triglycerides. A contributor to the hardening of the arteries and ultimately, heart disease. Elevated triglyceride values can also be an indicator of diabetes.

*Chemistry profile including:*

- Blood Urea Nitrogen (BUN) and creatinine. These tests help measure and assess kidney function.
- Glucose. This test measures blood sugar level. New diabetes guidelines have lowered the level of glucose that defines the disease to 126 mg./dl.
- Electrolytes. This test measures Sodium, Potassium, Chloride and Bicarbonate. These four elements control the body's pH (acid/base) balance.

*Hemogram, including:*

- Red and white blood cell count
- Hemoglobin
- Hematocrit

*Also includes Blood Pressure, Height and Weight*

## Registration

This screening is available for just a \$15 co-payment. To register you need to complete the registration form below and return it to Prevention Partners, 1201 Main Street, Suite 300, Columbia, SC 29201 **along with a check for \$15 made payable to Carolina Occupational Health Screening Group (or COHSG).**

**You will be notified of the earliest appointment time available by email.**

If you have any questions, please email [emcelveen@ejp.sc.gov](mailto:emcelveen@ejp.sc.gov).

## **REGISTRATION FORM: Greenville, S.C. – January 15, 2008**

(Registration deadline: January 4, 2008 – registrations postmarked after this date will be returned)

## Terms and Conditions

- There is a 12-hour fast prior to your screening (you may have water and any required medications you may be taking)
- Participants are required to complete all components of this health screening. This includes height, weight, blood pressure, blood draw, and paperwork.
- Your insurance card ID number will be required the day of the screening for claim filing
- Insurance allows for **ONE** Prevention Partners screening per calendar year (January-December)
- Spouses covered by eligible employees and retirees can participate for a \$15 co-payment
- Dependent children are not eligible
- If Medicare or Tri-care is your primary insurance, you are not eligible
- **NOTE:** Appointment times are assigned on a first come first serve basis. **Once we receive your check and registration form, we will email you the earliest appointment time we have available.** By registering for this screening, you acknowledge that you understand that your appointment time could range anywhere between 8 AM and NOON. If an appointment time anywhere in this time frame is not acceptable due to a medical condition, work schedule, etc., it may be in your best interest to be screened through your personal physician.

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Worksite Name: \_\_\_\_\_ Email (**REQUIRED-print clearly**): \_\_\_\_\_

Please check the box that represents your insurance coverage:

☐ My primary insurance is State Health Plan

☐ My primary insurance is BlueChoice

☐ My primary insurance is Cigna

☐ My primary insurance is MUSC Options

I hereby certify that I am an employee, retiree or covered spouse with insurance coverage through the state of South Carolina and that I have read the terms and conditions listed above. I affirm that the information I've given is true and correct. Any discrepancy may result in further billing by the provider.

SIGNATURE \_\_\_\_\_ Insurance Card I.D. Number (not your SSN#): \_\_\_\_\_